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**ANNUAL PROGRAM  
IMPROVEMENT GRANT  
APPLICATION**

**FORMS:**

***SECONDARY CENTERS***

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**School Year  
2011-2012**

**Under the  
Carl D. Perkins  
Career and Technical Education  
Improvement Act of 2006  
(P.L. 109-270)**

**The submission of the complete Perkins Application in GMS on or before  
August 22, 2011 will have an August 22, 2011 start date.  
*The start date of applications submitted August 23, 2011 or later will be the date  
submitted.***

Bureau of Career Development  
New Hampshire State Department of Education  
21 South Fruit Street, Suite 20  
Concord, New Hampshire 03301

**May 2011**

# ANNUAL PROGRAM IMPROVEMENT GRANT APPLICATION FORMS

CLICK ON THE TITLE OF EACH ITEM TO ACCESS ELECTRONICALLY.

- A. [Evaluation of the 2010-2011 Grant](#) (NEW)
- B. [Nondiscrimination Statement](#)
- C. [Certifications and Assurances](#)
- D. [Equity Committee Contact Information and Detailed Plan](#)
- E. [Receiving and Sending Schools Programs of Study](#) (NEW)
- F. [Checklist for Annual Application](#)

## A: Evaluation of the 2010-2011 Grant

**Directions: Complete the following matrix. This document must be an attachment to your GMS Perkins application. This is a Word table and will expand to accept explanation.**

\*1. Successful: The data supports that the work in the planning area has maintained a high level of success or significantly improved the outcomes for students.

\*\*2. Working but not complete: The data supports that there has been improvement but the work needs to continue to bring it to the level of success.

\*\*\*3. Not Working: The data does not support the amount of time and money expended in this area. Need to try a different approach or initiative.

<b>Planning Area</b> <i>Identify the Planning Area to be addressed</i>	<b>1*, 2**, or 3***</b> <i>Evaluate the level of success</i>	<b>Data and Information that explains and supports your response</b> <i>Include all appropriate data and information that explains your response.</i>	<b>How can the Career Development Bureau help?</b> <i>Is there a specific activity or event that would help you with this planning area?</i>

## **B: NONDISCRIMINATION STATEMENT**

**1. Statement of Nondiscrimination of the Receiving District:** Copy the full Nondiscrimination statement from the Career and Technical Center's Receiving District below. *Recommended wording for the nondiscrimination statement is located in the Reference Document Web links in the Instructions.*

## C: CERTIFICATIONS AND ASSURANCES

I, \_\_\_\_\_ Superintendent of Schools, or authorized

(Print)

designee, for SAU/RA number \_\_\_\_\_, certify and assure that:

1. The programs, services, and activities designated to be supported by funds through this application will be conducted in accordance with the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV), New Hampshire Statutes, and the New Hampshire Administrative Rules.
2. Policies, procedures, and activities described in this application will be carried out as described herein.
3. Supplemental funds granted to the agency under the provisions of Perkins IV will be used as stipulated in the attached application, and supporting documents and records of expenditures will be maintained for audit in accordance with the requirements of the New Hampshire State Department of Education, Office of Business Management.
4. Student, program, and performance data, information, and reports as may be reasonably required by the NH State Department of Education will be submitted as requested, and in a timely fashion.
5. An equity committee (or another locally determined delivery method) is in place at the CTE center, charged with ensuring equal educational access and success for students in special populations inclusive of race and gender and addressing any issues and needs for improvement.
6. The Regional Advisory Committee is operational and the Advisory Committee has had an opportunity to participate in the annual application for funds.
7. An updated General Assurances form is on file with the Department of Education.

I certify that all information contained in this application is true and correct.

\_\_\_\_\_  
Signature: Superintendent or Authorized Designee

\_\_\_\_\_  
Date

## D: EQUITY COMMITTEE CONTACT INFORMATION AND DETAILED EQUITY PLAN

1. Provide the following contact information for the Equity Committee Chair or the person designated to address equity activities for your center.

Name\_\_\_\_\_

Position or Title\_\_\_\_\_

Mailing Address\_\_\_\_\_

\_\_\_\_\_

Email Address\_\_\_\_\_

Phone\_\_\_\_\_

2. Outline the plans for how the needs of equity and special populations (*individuals with disabilities, economically disadvantaged, non-traditional career preparations, single parents/single pregnant women, displaced homemakers, students with limited English language proficiency*) of your center will be addressed during the coming year. If you plan on using funds from this grant, the activities and initiatives will be identified as part of the appropriate Planning Area. ([Planning Areas in Priority Order](#) are located on page 8 of Application Guide)

## **E : PROGRAMS OF STUDY FROM THE RECEIVING AND SENDING SCHOOLS**

1. Provide the appropriate hyperlink to the Program of Study for each receiving and sending school.

If link is not available,

- attach copies of the Program of Studies to the application. (Maximum combined attachment size is 6MB ) or
- submit to the Bureau an electronic version (CD-R or CD-RW) or
- hard copy

## F: CHECKLIST FOR ANNUAL APPLICATION OF SECONDARY PROGRAM IMPROVEMENT PERKINS FUNDING

**Eligible Recipient:** \_\_\_\_\_

**Instructions for completing the checklist:** This checklist is provided for review of your application for completeness and is considered part of the application.

- Required Content: A list of all required information and documents needed for a complete application.
- Information Included and Complete: For review and final check to indicate that all required information is included and complete.

<b>Required Content: Information Included and Complete</b>
<b>Direct Entry in the Grants Management System (GMS)</b>
<u>A. Cover Page:</u> Is the Applicant Name provided? _____ Is the Project Manager contact information correct? _____
<u>B. Annual Initiatives for all Priority Planning Areas including budget submissions.</u>  Have the Required Planning Areas been addressed and budget included? _____
<b>Attachments to GMS Submission</b>
<u>A. Evaluation of the 2010-2011 Grant</u>  Has the Evaluation Matrix been completed? _____
<u>B. Nondiscrimination Statement:</u> Is the full text and contact information of the receiving school provided in the statement? _____
<u>C. Certifications and Assurances:</u> Is the Superintendent (authorized designee) identified at top of the certificate? _____ Is the Certificate signed by the person identified at the top of the page? _____



D. Equity Committee Information:

Is the Equity Committee contact information included? \_\_\_\_\_

Have detailed plans been included for how the needs of equity and special populations (individuals with disabilities, economically disadvantaged, non-traditional career preparations, single parents/single pregnant women, displaced homemakers, students with limited English language proficiency) will be addressed during the coming year? \_\_\_\_\_

H: Programs of Study

Have the appropriate web links to the Program of Study for each receiving and sending school been provided. If link is not available, have copies of the Program of Studies been attached to the application. (Maximum combined attachment size is 6 MB): or hard copies or an electronic version (CD-R or CD-RW) been submitted to the Bureau ? \_\_\_\_\_

I: Checklist for Annual Application

All required information is included and complete. \_\_\_\_\_